

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.
10/573 632
APPLICANT

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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50						
TOTAL REQ.	3	↓	↓	↓		
TOTAL DEP.	17	←	←	←		
TOTAL CLADS	20	[REDACTED]	[REDACTED]	[REDACTED]		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL REQ.		↓	↓	↓		
TOTAL DEP.		←	←	←		
TOTAL CLADS		[REDACTED]	[REDACTED]	[REDACTED]		